

Workplace hazing in nursing

An integrative literature review

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Educational Review

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ABSTRACT

This study aims to provide an integrative literature review of what characterizes the antecedents, experiences, and outcomes of nursing students' and nurses' workplace hazing experiences. The review combines theoretical and empirical studies of workplace hazing, nursing students, and newly graduated nurses' transition experiences. An electronic database search was performed in CINAHL, Google Scholar, MEDLINE, ProQuest, PsycINFO, PUBMED, Scopus, and Web of Science. Fifty-five papers collecting data from 8,131 respondents (1,733 nursing students and 80 newly graduated nurses) published from 1968 to 2023 and reporting on research occurring in a non-virtual workplace setting, were synthesized and analyzed using thematic coding. The study found that nursing students and new nurses are typically exposed to segregation and person- and work-based workplace hazing by their experienced colleagues during the transition, adversely affecting their physical, emotional, and psychological well-being and relational quality expectations. Applying the workplace hazing perspective to the nursing literature on newcomers' transition experiences contributes to a nuanced understanding of the phenomenon and its underlying motivation and illuminates its ambiguous moral character. Furthermore, despite prioritizing the group's welfare above that of the newcomer, hazing's adverse individual outcomes might ultimately damage the workgroup and organization and contribute to a further nursing shortage.

Introduction

The nursing profession is challenged by the significant global shortage of nurses and declined tenure rates [1,2]. Declining tenure implies nurses are increasingly changing positions, raising the proportion of new nurses going through organizations' formal onboarding programs and informal socialization processes of their work groups [2]. Studies of socialization processes suggest that up to 75% of newcomers experience negative behavior from colleagues during their transition [3, 2,4]. Additionally, previous studies have identified a positive correlation between newcomers' adverse experiences during their transition and turnover intentions [2,5,6].

In organizational theory, these negative transition experiences have been defined as experiences of workplace hazing [3,2,4,7–11]. Drawing on Cimino's [12] strict definition:

“Hazing is non-accidental, costly aspects of group induction activities that: a) do not appear to be group-relevant assessments/preparations, or b) appear excessive in their application. Group induction activities are those tasks formally or informally required to obtain

membership or participatory legitimacy for new or prospective members.” [12 p. 135]

The study of workplace hazing originates from studies of socialization, transition, and admission rituals in social organizations in anthropology and organization theory [3,9–11,13–16]. Although the concept has been discussed since the 1960s in the socialization literature [9,10,15] and Josefovitz and Gadon's [3,11] extensive study published in the late 1980s, the research topic is still developing [4,7]. In nursing research on nursing students and new nurses' transition experiences, workplace hazing is related to phenomena such as ‘tough love’ [17] and ‘nurses eat their young’ [18] and is studied through the lenses of bullying or incivility [19,20]. However, although workplace hazing overlaps with bullying and incivility, it also differs, as several authors have gone to great lengths to demonstrate [4,8,21]. Consequently, to understand workplace hazing in nursing, it is crucial to disentangle it from these related constructs and isolate its antecedents and outcomes. The latter is crucial if workplace hazing is to be effectively targeted and combatted [22]. Therefore, to further illuminate the phenomenon of workplace hazing in nursing, the present integrative literature review

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addresses the following research question: what characterizes the experiences, antecedents, and outcomes of nursing students' and nurses' workplace hazing experiences?

Defining workplace hazing in nursing

The study of hazing in work organizations seems to originate in anthropological studies of rites of passage in social organizations [4]. A rite of passage enables the individual to pass over the threshold from one position to another within a social organization [16]. Likewise, in organization theory, Schein [9] placed hazing within the study of organizational socialization, which he described as *"the process of 'learning the ropes,' the process of being indoctrinated and trained, the process of being taught what is important in an organization or a sub-unit thereof"* [9 p. 2]. Within this perspective, hazing was described as 'upending experiences,' occurring in the first six months of job change and defined as *"deliberately planned or accidentally created circumstances which dramatically and unequivocally upset or disconfirm some of the major assumptions which the new man holds about himself, his company, or his job"* [9 p. 4]. In a later text, Schein describes hazing as a ritual symbolizing accepting newcomers as full-fledged members [10].

Similarly, in their influential book on organizational culture, Deal and Kennedy define hazing as *"rites that are often staged to tear people down before accepting them into a culture"* [15 p. 65]. Furthermore, Josefowitz and Gadon described in their study of socialization hazing as part of a three-stage process of fitting in [11]. Newcomers are taught the value of membership through exclusion, given menial and degrading tasks to test if they are *"willing to pay the price of membership"* [11 p.10], and hazing or "passing muster" is a test of competence, fit, and loyalty [3,11]. Accordingly, being assigned menial tasks is not hazing unless newcomers perceive that they are given these tasks intentionally to humiliate them. Moreover, not being made to feel welcome is not hazing unless newcomers perceive this is done intentionally to make them feel excluded [11]. Hence, hazing aims to teach newcomers their place in the pecking order, tease them to see if they take it and their personality will fit in, and test newcomers' competence, group loyalty, and team member reliability [11].

Two definitions dominate the recent literature on workplace hazing, Mawritz et al.'s [4] definition and Cimino's [12] 'strict' definition of hazing. Mawritz et al. argue in their paper that workplace hazing lacks clear differentiation from anthropological studies and conceptualization in management literature and define it as: *"the unofficial, temporary socialization practice of initiating newcomers into their workgroups by engaging in degrading behaviors toward the newcomers"* [4 p. 140]. First, drawing on Van Maanen and Schein's [14] socialization framework, they argue that hazing is a socialization tactic applied to facilitate newcomers' adjustive change and acclimation to the workgroup. Furthermore, workplace hazing occurs within workgroup socialization [23–25]. Second, hazing unfolds in the everyday interaction between incumbent workgroup members and newcomers, and as such, it is unofficial and unrelated to official onboarding programs. Third, in line with anthropological research [26], hazing is temporary and occurs in the early phases of workgroup socialization associated with newcomers' transition from strangers to workgroup members. Fourth, in line with anthropological research [12,27], hazing manifests as degrading, costly, and humiliating practices [4]. Hence, the definition draws attention to hazing as a dark side of workgroup socialization and its potential negative impact on newcomers. This element has attracted critique from other scholars, who argue it is too limited in scope because it only includes a specific sub-group of hazing behaviors characterized by their detrimental effect on targets [8]. Furthermore, Mawritz et al. [4] do not address the need for or benefit of introducing this exclusionary criterion in defining hazing in a workplace context.

Cimino's [12] 'strict' definition of hazing, cited in the introduction, is widely adopted within the workplace hazing literature [2,28,29]. According to this definition, hazing practices are considered

non-accidental, meaning incumbent group members might unwittingly expose newcomers to excessive or non-group-relevant socialization activities. Using the verb 'appear' signifies the definition's contextual flexibility while drawing attention to its empirical evidence base. Second, hazing negatively impacts targets. Additionally, in a previous paper, Cimino [26] identified four regularities of hazing practices: (a) temporary, (b) unidirectional, as hazing, is solely directed at newcomers, (c) coercive, as participation is forced through the use of direct or indirect tactics, and (d) coalitional, as hazing is found in enduring groups engaging in some collective action [8].

In nursing research, the concept of hazing is often used interchangeably with other behaviors of interpersonal hostility, such as horizontal violence, incivility, or bullying [19,30]. For example, Brown and Middaugh [20] drew on the concept of horizontal violence in their definition of hazing in nursing research as the *"irritating actions or behaviors"* experienced nurses engage in *"to see how new nurses can tolerate or fit into the unit"* [20 p. 305]. Horizontal violence has been identified as non-physical negative behaviors in peer relationships [31]. In a similar vein, Eblin [5] argues that *"hazing and horizontal violence toward new nurses are considered a 'rite of passage' in the nursing culture"* [5 p. 850]. Furthermore, hazing is also related to other nursing research phenomena that describe induction practices, such as 'tough love' [17] and 'nurses eat their young' [18]. Tough love is defined as experienced nurses' *"well-intentioned but nevertheless abusive strategy, used to condition targets into conforming to expected professional or organisational behavior"* [17 p. 1360]. The idiom 'nurses eat their young' describes new nurses' or nursing students' exposure to experienced nurses' negative behaviors *"as an initiation to the profession"* [31 p. 6]. Hence, in nursing research, hazing seems reserved for analyzing the initiation experiences of a specific segment of new nurses and nursing students.

Moreover, as nursing research often draws on related concepts when analyzing hazing behavior, it is crucial to disentangle hazing by emphasizing its distinctive characteristics from these related but different concepts, such as horizontal violence, bullying, and incivility. First, hazing is temporary, directed at newcomers, and limited to the early phases of socialization and, thus, ends when the newcomer is accepted by the workgroup [4,8,21,31,33,34]. Second, hazing is reserved for the relationship between newcomers and incumbent workgroup members [4,8,34]. Third, hazing is prosocially motivated by newcomer acceptance through behavior testing newcomers' acceptability or building group cohesion [4,8,31,34]. Fourth, hazing occurs publicly before other workgroup members [21,35]. Finally five, hazing is performed by the workgroup [8].

Methods

Design

This study takes an integrative approach to the literature review [36, 37]. The integrative literature review seeks new insights through analysis, criticism, and synthesis [38]. Since the research topic of workplace hazing is still developing, we only identified two conceptual articles: Thomas et al. [8] and Mawritz et al. [4], and eight empirical studies directly researching workplace hazing behavior in a workplace setting [3,2,7,28,29,39–41]. Therefore, we draw on the research on new nurses' transition experiences to explore and provide new insights and a comprehensive understanding of the phenomenon of workplace hazing in nursing.

Protocol and registration

A protocol outlining research methods was created to guide the research. In addition, the study was registered in Privacy, the Capital Region's internal research directory.

Table 1
Application of the SPIDER tool to research question.

Sample	As WH is connected with the transition from newcomer to being admitted into the work group, it is relevant to focus on nursing students, newly graduated nurses, and newly employed nurses.
Phenomenon of Interest	Workplace hazing is defined as: "Hazing is non-accidental, costly aspects of group induction activities that: a) do not appear to be group-relevant assessments/preparations, or b) appear excessive in their application. Group induction activities are those tasks formally or informally required to obtain membership or participatory legitimacy for new or prospective members." (13 p. 135)
Design	Published literature of any research design
Evaluation	Transition experiences
Research type	Qualitative, quantitative, mixed methods, literature reviews, and theoretical papers

Table 2
Application of SPIDER tool to develop the search strategy.

Sample	nursing student* OR student nurs* OR newly-graduated nurs* OR newly graduated nurs* OR newly-hired nurs* OR newly hired nurs* OR Newcom*
Phenomenon of Interest	hazing OR initiation OR rite of passage OR workplace hazing OR bullying OR lateral violence OR horizontal violence OR divestiture OR incivility
Design	
Evaluation	Experience* OR transition
Research type	

Search method

We conducted a literature search in July 2023. The databases searched were CINAHL, Google Scholar, MEDLINE, ProQuest, PsycINFO, PUBMED, Scopus, and Web of Science. In addition, we adopted the SPIDER [Sample, Phenomenon of Interest, Design, Evaluation, Research type] tool to define the central elements of the research question and clarify our search strategy [42]. See Table 1 for an application of the SPIDER tool to our research question.

Table 2 presents our proposed search strategy adapted to the SPIDER tool.

We decided to exclude the SPIDER tool's 'Design' and 'Research type' elements as an integrative literature review does not require a specific methodology to be applied in the papers. Rather, integrative reviews should combine various research types from various scientific fields [37]. Finally, it was decided that 'AND' should be used between the 'S,' 'PI,' and 'E.' Table 3 shows how the search terms were adapted to each database.

Inclusion and exclusion criteria

To be included, papers should be peer-reviewed and address hazing within a workplace context, related to organizational newcomers such as student nurses, newly graduated, or newly hired nurses, and published in English. The inclusion criterion that the research had to be related to the workplace or clinical context excluded studies of hazing in sports, student associations such as fraternities, sororities, or academic settings like a classroom. A further criterion was that the research should occur in a non-virtual setting. Also, a time constraint was applied, excluding research before January 1968, as Schein [9] provides, to our knowledge, one of the first thorough discussions of hazing in the workplace impacting how the concept is used in later organizational socialization works such as Deal and Kennedy [15] and Josefowitz and Gadon [3,11]. We included studies describing newcomers' exposure to workplace bullying, horizontal/lateral violence, and incivility, as these are often used interchangeably with hazing in the nursing literature. However, to isolate and disentangle studies describing workplace hazing

Table 3
Adapted search strategy for each database.

Database	Search string	Last searched
CINAHL	""""("nursing student*" OR "student nurs*" OR "newly-graduated nurs*" OR "newly graduated nurs*" OR "newly-hired nurs*" OR "newly hired nurs*" OR Newcomer) AND (hazing OR initiation OR "rite of passage" OR "workplace hazing" OR bullying OR "lateral violence" OR "horizontal violence" OR divestiture OR incivility) AND (Experience)""""	September 11, 2023
Google Scholar	+workplace +hazing +new+employees +socialization +bullying +incivility	September 11, 2023
MEDLINE	noft(("nursing student" OR "nursing students") OR ("student nurse" OR "student nurses" OR "student nursing") OR "newly-graduated nurs*" OR "newly graduated nurs*" OR "newly-hired nurs*" OR "newly hired nurs*" OR Newcomer) AND (hazing OR initiation OR "rite of passage" OR "workplace hazing" OR bullying OR "lateral violence" OR "horizontal violence" OR divestiture OR incivility) AND (Experience*)	September 11, 2023
ProQuest	noft(("nursing student" OR "nursing students") OR ("student nurse" OR "student nurses" OR "student nursing") OR "newly-graduated nurs*" OR "newly graduated nurs*" OR "newly-hired nurs*" OR "newly hired nurs*" OR Newcom*) AND (hazing OR initiation OR "rite of passage" OR "workplace hazing" OR bullying OR "lateral violence" OR "horizontal violence" OR divestiture OR incivility) AND (Experience*)	September 11, 2023
PsycINFO	((("nursing student" OR "nursing students") OR ("student nurse" OR "student nurses" OR "student nursing") OR "newly-graduated nurs*" OR "newly graduated nurs*" OR "newly-hired nurs*" OR "newly hired nurs*" OR Newcomer) AND (hazing OR initiation OR "rite of passage" OR "workplace hazing" OR bullying OR "lateral violence" OR "horizontal violence" OR divestiture OR incivility) AND (Experience*))	September 11, 2023
PUBMED	("nursing student"[Title/Abstract] OR "nursing students"[Title/Abstract] OR "student nurse"[Title/Abstract] OR "student nurses"[Title/Abstract] OR "student nursing"[Title/Abstract] OR "newly-graduated nurs*" [Title/Abstract] OR "newly graduated nurs*" [Title/Abstract] OR "newly-hired nurs*" [Title/Abstract] OR "newly hired nurs*" [Title/Abstract] OR newcomer[Title/Abstract]) AND (hazing[Title/Abstract] OR initiation[Title/Abstract] OR "rite of passage"[Title/Abstract] OR "workplace hazing"[Title/Abstract] OR bullying[Title/Abstract] OR "lateral violence" [Title/Abstract] OR "horizontal violence" [Title/Abstract] OR divestiture[Title/Abstract] OR incivility[Title/Abstract]) AND (Experience*[Title/Abstract])	September 11, 2023
Scopus	TITLE-ABS-KEY ("" "" ("nursing student*" OR "student nurs*" OR "newly-graduated nurs*" OR "newly graduated nurs*" OR "newly-hired nurs*" OR "newly hired nurs*" OR newcomer) AND (hazing OR initiation OR "rite of passage" OR "workplace hazing" OR bullying OR "lateral violence" OR "horizontal violence" OR divestiture OR incivility) AND (experience)) AND (EXCLUDE (SUBJAREA, "MATH") OR EXCLUDE (SUBJAREA, "MEDI")) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (LANGUAGE, "English"))	September 11, 2023
Web of Science	("nursing student*" OR "student nurs*" OR "newly-graduated nurs*" OR "newly graduated nurs*" OR "newly-hired nurs*" OR "newly hired nurs*" OR Newcomer) AND (hazing OR initiation OR "rite of passage" OR "workplace hazing" OR bullying OR "lateral violence" OR "horizontal violence" OR divestiture OR incivility) AND (Experience)	September 11, 2023

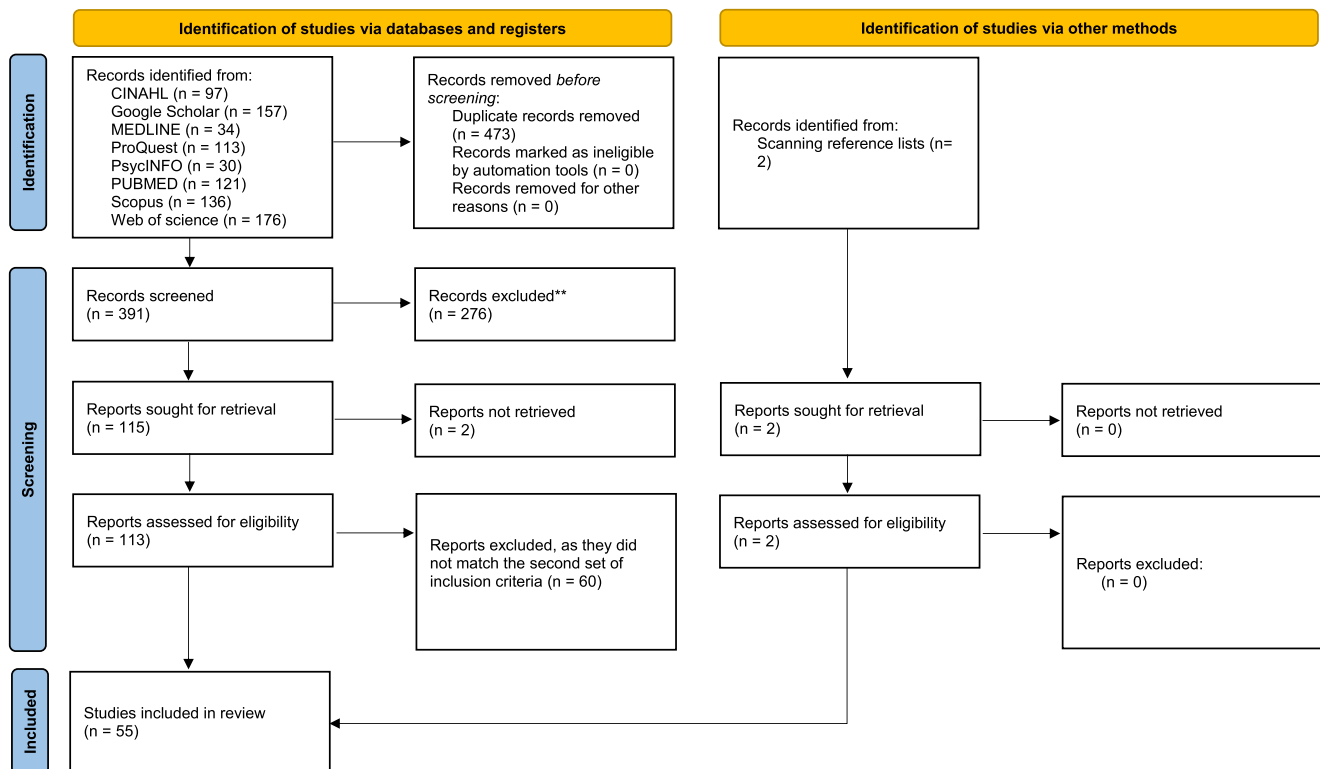


Fig. 1. PRISMA 2020 flowchart of CINAHL, Google Scholar, MEDLINE, ProQuest, PsycINFO, PUBMED, Scopus, and Web of Science.

from these related concepts, we adopted six additional criteria inspired by Cimino's 'strict' definition and his four identified hazing regularizes [12,26]. Thus, to be selected, it should be explicitly stated in the text that the negative events were considered to be: 'non-accidental,' 'associated with group induction,' 'temporary,' 'targeting only newcomers,' 'associated pressure,' or 'occurring in an enduring group.' A text should satisfy the criteria 'associated with group induction' and 'temporary' to be selected. See Appendix 1.

Based on these criteria, we identified 864 titles. After removing duplicates, the remaining titles [$n = 391$] were initially screened for relevance by the first and second authors individually by reading the papers' abstracts and introductions. As a result, 113 papers matched our initial inclusion criteria. The first and second authors then read all texts to determine if they satisfied the second set of criteria 'associated with group induction' and 'temporary.' Fifty-five texts matched these criteria. Additionally, we scanned the included papers' references and hand-picked two articles based on relevance. The process is summarized in Fig. 1.

Literature appraisal

We used the AACODS checklist developed by Tyndall [43] to assess the quality of theoretical and discussion articles. The assessment is based on six dimensions, and the score can range from 0 to 6. To be included in the review, an article should obtain a minimum score of 3, equivalent to an article of medium quality. Next, we applied the Joanna Briggs Institute's Critical Appraisal tools to evaluate the quality of the included reviews [44]. The assessment is based on 11 questions, and the score can range from 0 to 100 percent. To be included in the review, an article should obtain a score above 30, equivalent to an article of medium quality. Finally, the McGill Mixed Methods Appraisal Tool, developed by Hong et al. [45], was applied to assess empirically based articles involving qualitative, quantitative, and mixed methods with scores ranging from 0 to 100 percent. To be included in the review, an article should obtain a score above 30, equivalent to an article of medium

quality. The first and second authors scored each paper individually and discussed their assigned scores afterward. No articles were excluded from the study due to the scoring.

Data analysis

To analyze and synthesize the included studies, we created a spreadsheet. The first and second authors extracted the following data for each paper: author[s], year of publication, title, country of origin, and the purpose of the study [if stated, it was copied directly from the text to maintain the authors' intended purpose], study design, sample size, and summarizing key findings [46]. Appendix 2 summarizes the characteristics of the fifty-five research articles exploring newcomers' transition experiences.

Inspired by Thomas et al.'s [8] model of workplace hazing, we identified seven questions that guided our initial coding of the literature [46]. For the first element in the model, 'Antecedents,' we created the review questions: Toward whom is the workplace hazing directed? Who performs workplace hazing? Why do the perpetrators engage in workplace hazing? Next, to capture the second element in the model 'workplace hazing behavior,' we proposed the question: How is workplace hazing performed? Finally, for the third element, 'Outcomes,' we created the questions: How do targets experience workplace hazing? Why do the targets experience workplace hazing as they do? How does workplace hazing influence the workgroup? The "how" and "who" questions aim at identifying primarily descriptive data, whereas the "why" questions aim to identify the underlying theories employed to explain the phenomenon, that is, the mechanisms explaining why hazers engage in workplace hazing and why hazees/targets experience workplace hazing as they do. The first and second authors coded the included papers using the seven questions, and data fragments [quotes from texts] were extracted to a spreadsheet.

The second coding cycle, pattern coding, aimed to pull together codes from the first round to segments of meaning [46]. First, we condensed data from the first cycle into minor meaning segments. For

example, the data fragment: “cognitive dissonance is simply a candidate mediator of the solidarity macro theory – it is a possible way for hazing to increase hazees’ valuation of the group.” [13 p. 244] was condensed into the meaning segment ‘solidarity’. Next, we clustered these meaning segments into sub-themes based on similarities. Continuing the example, the meaning segment ‘solidarity’ was clustered with ‘increase group dependence,’ ‘liking and attraction,’ ‘create social coherence,’ and ‘create social belonging,’ generating the sub-theme: ‘Group solidarity.’ Finally, the sub-themes were clustered based on similarities. For example, ‘group solidarity,’ ‘dominance,’ ‘commitment,’ and ‘over-conformity’ were pooled, generating the synthesized theme ‘antecedents of workplace hazing.’ The coding process identified eight sub-themes from which three synthesized themes were developed: ‘Antecedents,’ ‘Experiences,’ and ‘Outcomes.’

Findings

The analysis identified the themes ‘antecedents,’ ‘experiences,’ and ‘outcomes.’ The first theme encompasses hazers’ conscious and non-conscious motivation for exposing newcomers to workplace hazing. The theme ‘experiences’ encompasses newcomers’ experiences of segregation, work- and person-related workplace hazing. Finally, the ‘outcomes’ refers to how newcomers’ exposure to workplace hazing impacts their physical, emotional, and psychological well-being and their experience of relational quality.

Workplace hazing experiences

Workplace behavior shares behaviors with related concepts such as bullying, horizontal violence, and incivility. However, essential features of workplace behaviors are that either hazer or hazee perceives them as temporary, related to achieving group acceptance, and that the behavior does not appear group-relevant or excessive within the specific context [8,12,26]. Moreover, contrary to anthropological-inspired studies, workplace hazing manifests in various, often subtle ways, which may not be easily recognized as initiation rituals [3,9]. For example, in the anthropological-inspired literature, historical studies of apprentices’ hazing experiences in various trades in Europe in the 19th and 20th centuries provide vivid descriptions of highly humiliating rituals; for example, young males entering the printing industry would have their genitalia colored, and McCarl [47] described the hazing rituals associated with becoming a smokejumper; here newcomers would be tied with ducttape the night before their first jump and hosed down with cold water [41,48]. Whereas these initiation rituals were easily recognizable as such by the hazee, more subtle forms like being sent on a fool’s errand may not [49], as a midwife student explains: “I was asked to check the equipment trolley and identified missing stock, which they then sent me to replace. After an hour of searching for the missing items, I returned to the office to report this. All present burst out laughing and jeered, “We haven’t used those things for ages!” [49 p. 5].

In the nursing literature, targets often view hostile behavior as a rite of passage associated with transitioning from being a stranger to an accepted member of the community of nurses [5,32,51,30,52–58] and a cost they must bear to prove themselves worthy of acceptance [6,59,60], as a nursing student argued in Saber et al.’s [54] study: “Some nurses have the opinion that you have to pay your dues and you pay your dues by suffering and crying” [53 p. E187]. Moreover, these hostile behaviors targeting newcomers are perceived by hazers and hazees as having a dual purpose of testing and preparing newcomers [6,17,50]. In the next section, we will further discuss the antecedents of workplace hazing. Hazing in nursing does not manifest as easily recognizable rites of passage as in McCarl’s [47] example of the smokejumpers; rather, it is a series of negative events occurring during new nurses’ or nursing students’ transition period, which they or the experienced nurses perceive as being related to achieving acceptance as members of the nursing community. However, these negative events must not appear as

resulting from behavior, which, despite its negative nature, appear relevant and non-excessive in securing newcomers’ training and transition [12].

A common theme across the studies was that hazing rituals were publicly performed in front of other healthcare professionals, students, and patients [6,40,50,51,56]. The public element of hazing practices intensified their impact on hazees, as one student argued: “[When you are] spoken down to in front of patients, [it makes the] patient think you are incompetent” [55 p. 47]. The intensification of the impact on the hazee might be viewed as an effect of being ‘singled out’ in front of a group of peers [61]. Kristensen and Kristensen [40] described the hazing practice called ‘quizzing,’ drawing on two cases from a grounded theory study of 15 Danish nursing students. In ‘quizzing,’ an experienced nurse asks a student several too-advanced questions about nursing theory in front of other healthcare professionals. Østvik and Rudmin [21] found in their study of Norwegian army recruits that the public nature of hazing marked a significant characteristic of hazing events. In the next section, we discuss how this might be related to a culture of acceptance in nursing.

From the analysis also emerged the themes of person- and work-based workplace hazing [2]. Person-based workplace hazing includes new nurses’ and nursing students’ exposure to non-physical and physical abuse, which they perceive as personally demeaning [2,4]. In their study of Italian new nurses’ transition experiences, Rosi et al. [6] found that new nurses were exposed to derogatory comments and jokes about their sexual orientation, physical limitations, and appearance. Likewise, Birks et al. [56] found in their study of Australian nursing students that they were mocked because of their physical appearance, age, personality, and language proficiency. Students also describe examples of being exposed to condescending name-calling, such as being referred to as ‘little girl’ [56]. Several studies also demonstrated that new nurses and nursing students experience being spoken to in ways that make them feel humiliated [6,30,56]. For example, a nursing student was confronted with the comment: “we’re gonna dumb it down a little bit so that you can keep up” [54 p. 4].

Moreover, new nurses and nursing students also experience being given feedback in an offending tone, excessively scolded, and yelled at if they do something wrong [6,17,52]. Finally, students describe various examples of physical abuse, such as rolling eyes or negative body language [52,55,56]. Birks et al. [56] also found that students were exposed to physical actions such as having things thrown at them and inappropriate touching. These experiences represent rites of passage or tests which new nurses and students must endure to be accepted into the workgroup [5,6,56].

The studies describe many examples of exclusion and segregation, such as students being excluded from using the staff lunchroom or participating in social activities during lunch breaks, e.g., they might not be spoken to, or the experienced nurses might ignore their attempts at joining the conversations or questions [55,56,62]. Furthermore, students and new nurses also describe feeling invisibilized by experienced nurses when they refrain from greeting them, talking to them, or showing a social interest in them [e.g., asking about their name, study year, at which university college they are studying], their well-being, or listening to their needs and requests [6,51,52,63–65]. According to Josefowitz and Gadon [11] feeling unwelcome as a newcomer is not necessarily a result of hazing. However, it becomes hazing when the incumbent workgroup members actively try to make newcomers feel excluded by not responding to their questions or including them in their conversations [11]. Additionally, exposure to hazing behavior involving rejection and exclusion might be viewed as motivated by dominance insofar as it teaches them about their inferior place in the hierarchy [56].

Work-based workplace hazing encompasses hostile behaviors influencing targets’ job performance [2,4]. Students and new nurses describe being left without proper supervision or support to care for patients [6, 51,55,56,65]. Two new nurses argue on this point: “She threw me into

the forest to figure things out myself' ... 'you are supposed to find it out yourself, they [senior nurses] have. . . "find it ourselves" on their forehead [s]" [18 p. 1362]. Thus, being left to care for patients is related to 'tough love' testing and preparing newcomers for becoming members of the nursing community. New nurses also describe how they are expected to play guessing games about techniques, and if they ask a question, they were answered in a disrespectful tone [6,59]. Moreover, new nurses also describe being exposed to excessive criticism intending to inflict harm and met with excessive support and intrusive supervision, making them feel disqualified and as if they were students [6]. Students and new nurses also feel unfairly treated regarding workload and rostering schedules [51,52].

Students describe how experienced nurses withhold clinical information, behave condescendingly if they are trying to obtain it, and deny them learning opportunities, as they were not given opportunities to perform patient care [32,52,55,56]. Students also describe examples of feeling unrecognized for their work, harshly judged, and unfairly criticized by supervisors and experienced nurses [51,52]. Furthermore, students also describe how they are set to perform menial tasks like basic patient care, cleaning the panels in a patient room, or making the beds [65].

The antecedent of hazing behavior

Cimino [13] reviews various theories explaining the underlying motivation of hazing in social groups and identifies three macro-theories: solidarity, dominance, and commitment. The solidarity perspective argues that newcomers' exposure to hazing practices increases their liking of the group [13,27]. Drawing on Festinger's [66] cognitive dissonance theory, classical experimental studies demonstrated that individuals' exposure to severe hazing increased their positive evaluation of the group, as the positive evaluation would reduce the dissonance triggered by their participation in costly hazing practices [67]. Furthermore, Keating et al. [27] argued that exposure to abusive behavior increases targets' sense of dependence and, thus, their liking of the group. For example, Alexander et al. [68] suggest that aggressive and abusive language exposure is integral to new chefs' socialization. Exposure to harsh language prepares newcomers for performing in a stressful environment and increases their sense of group belonging, as their ability to cope with the practice tests their fit with the group. Thus, exposure to harsh language becomes a symbolic reassurance of acceptance [68].

The dominance perspective suggests that hazing practices teach newcomers about the workgroup's hierarchy, allowing it to establish dominance over newcomers [13,27]. Nursing is a hierarchy-dominated profession, and experienced nurses apply hazing to teach newly graduated nurses about their place in the social hierarchy [5]. Similarly, new nurses and nursing students are hazed to maintain the existing social order [59], a phenomenon that Birks et al. [56] have named 'power trips.' The phenomenon describes when individuals not generally in a position of power expose others they perceive to be below them in the social hierarchy to abusive behavior to keep them in their place. In the nursing literature, this phenomenon is often viewed as a consequence of the nursing profession's distinct historical development from unskilled workers to an academic education and hierarchical culture [5,6,53,69]. Thus, abusive behavior reflects a collective sense of being an inferior and devalued group triggering feelings of insecurity, helplessness, powerlessness, low self-esteem, frustration, and repressed anger [5,6,69]. The nursing literature has traditionally drawn on the theory of oppressed group behavior when explaining this phenomenon [31,69,70].

Finally, the commitment perspective suggests that hazing increases commitment as it weeds out weak and uncommitted newcomers [13, 23]. Newcomers are tested to see if they will endure the induction period's hardship to become accepted as new workgroup members [9,71, 72]. Studies have also shown that this commitment demonstration has been crucial to developing trust in the relationship between newcomers

and workgroup members [23,28,72]. Implicitly, newcomers' ability to cope with the hardship of induction is also a test of reliability – to see if they can survive in the job. In nursing research, this phenomenon is sometimes called 'battle hardening' or 'tough love' [17,50]. The abusive behavior accompanying 'tough love' treatment has a dual purpose: to test whether new nurses can cope with the job and harden them [17,55, 59]. Blackstock et al. [60] comment on the dual purpose of hazing practices that they: "are meant to toughen up and test novice or newly hired nurses [i.e. regardless of experience] to see if they can demonstrate their competence" [61 p. 1546]. If newcomers show weakness or cannot handle excessively hard criticism from a peer, it symbolizes their inability to cope with the stress of their job [59]. The preparatory element of 'tough love' also produces what might be called the motivational gap of the hazer, as hazers might not see themselves as maliciously motivated [6,68].

Hazing behavior might also be unconsciously motivated by incumbent group members' overconformity of the existing culture [73]. Accordingly, the perspective suggests that hazing is the result of hazers' own hazing experiences as they reproduce the behavior without questioning the underlying beliefs and values [17,51,53,55,56]. Hazing is perceived as a rite of passage characterizing the transition from layperson to a member of the nursing profession [54]. Studies also demonstrate that nursing students arrive at their clinical internships expecting exposure to hazing; as a student argued: "We expect that bullying is part of nursing; it is like a 'rite of passage' to graduate; you just have to accept it" [51 p. 2]. In another study, when a student is asked why she did not report her exposure to hazing, she explains: "I don't think it will be considered very important" [just a "rite of passage"]" [73 p. 130]. The student's statement might be viewed in the context of what Capper et al. [50] call a culture of acceptance. A central feature of this acceptance culture is that students' hazing occurs publicly in front of other healthcare professionals. The public nature of the event made the hazer appear confident that bystanders would not intervene and, as such, would either actively or passively express their acceptance. This culture would suppress dissensus, as students would either fear repercussions or, as we saw above, that their complaints would be fruitless. As Capper et al. [50] argued, "It was evident that this culture of acceptance enables a self-perpetuating cycle and therefore further replication of the problem" [49 p. 4].

Outcomes of workplace hazing

As we wrote in the section on defining workplace hazing, the recent literature on workplace hazing is divided between Cimino's [12] anthropological and Mawritz et al.'s [4] critical approach. This definitional divide also has consequences for how they perceive the outcomes of workplace hazing, as Thomas et al. [8] are ambivalent about potential outcomes of hazing. The authors do not limit their perspective to only focusing on adverse effects, as it seems Mawritz et al. [4] does. In the following, we distinguish between the sub-themes 'Individual' and 'Relations' in our discussion of outcomes.

Workplace hazing may manifest in various forms, which are not easily recognized as hazing; newcomers may feel 'singled out' and be uncertain about the cause of their treatment, as no unambiguously defined hazing period exists in most workplace organizations [3,8,61]. Mawritz et al. [4] demonstrate that workplace hazing has detrimental effects on organizational performance, as they identify a negative relationship between workplace hazing and the variables 'social acceptance,' 'person-job fit,' 'job satisfaction,' and 'organizational commitment.' Furthermore, they also find a positive relationship between workplace hazing and the variables 'newcomer neglect' and 'emotional exhaustion.' More specifically, the authors argue that exposure to workplace hazing form 'segregation' decreases newcomers' sense of organizational commitment, makes them feel not accepted by their new workgroup, leads to emotional exhaustion, and redirects newcomers' attention and energy from their job to cope with the demeaning treatment.

Task-related [job-based] workplace hazing leads to emotional exhaustion and decreases newcomers' sense of organizational commitment and job-person fit. Despite identifying significant correlations between other forms of workplace hazing [testing, verbal abuse, physical abuse] and the outcome variables, when testing for related concepts such as bullying and divestiture, only the 'task-related' and 'segregation' forms of workplace hazing demonstrated robustness in terms of effects above and beyond those of the related concepts [4]. These results lead the authors to argue that their "findings debunk the notion that hazing can be beneficial to newcomers" [4 p. 166].

However, Thomas et al. [8] noticed that the authors also identified a strong positive relationship between workplace hazing involving 'physical abuse' and the outcome variable 'organizational commitment.' This relationship points to a complex and nuanced relationship. Meglich and Thomas [2] also identified a positive relationship between hazing involving 'physical abuse' and the outcome variable 'engagement.' Drawing on transactional stress theory [74], the authors suggest that hazing may appraise the stress caused by exposure to workplace hazing as a challenge stressor. According to Lazarus and Folkman's [74] transactional model of stress appraisal, stress represents an experienced imbalance between the demands placed on the individual and his or her perceived resources to cope. The cognitive appraisal process refers to the individual's subjective interpretation of an event [75]. Hence, whether the situation is experienced as stressful depends on individuals' assessment of whether the situation threatens or furthers their well-being and valued goals [76,77]. In the first situation [hindrance appraisal], the individual anticipates the situation will negatively influence his or her well-being or hinder him or her in pursuing the valued goal. In the second situation [challenge appraisal], the individual anticipates the situation will positively affect and facilitate her or his pursuit of valued goals [74,76,77]. Additionally, research has demonstrated that individuals may appraise stressors as both a hindrance and a challenge [76].

Meglich and Thomas [2] found in their study that workplace hazing was [weakly] positively related to the outcome variables 'turnover intentions' and 'strain.' Moreover, they also found that all forms of workplace hazing [segregation, verbal abuse, physical abuse, task-related, and testing] were positively related to the experience of strain. Hence, exposure to workplace hazing is stressful to newcomers, but as Thomas et al. [8] suggested, individual differences may arise due to the subjective nature of the appraisal process. For example, in their study of 'quizzing,' Kristensen and Kristensen [44] described how the two nursing students tried to regain control after their exposure to the practice by using the coping strategies of 'studying harder' or 'making themselves appear more attractive.' A similar reaction is noted by Mao et al. [51] and Rosi et al. [6] in their respective studies of new nurses, as making an extra effort and catching up on knowledge becomes a weapon, a means to earning respect, esteem, and membership.

In the nursing literature, new nurses' and nursing students' exposure to workplace hazing is associated with 'physical outcomes' such as uncontrollable episodes of crying, panic and anxiety attacks, stress-related chest pain, hypertension, headache, stomach cramps, and feeling physically sick [5,30,56,62]. Furthermore, students and new nurses also describe examples of 'emotional and social,' such as fluctuations in personality [introvertedness], depression-like symptoms, feelings associated with increased self-consciousness, embarrassment, disrespect, failure, and defeat, disempowerment, a decline in feelings of enthusiasm, motivation, and self-esteem [6,17,30,40,55,62,63,65]. Studies also found that hazing felt unsupported by colleagues, scared, nervous, irritated, and angry [5,6,55]. Additionally, studies demonstrate that exposure to hazing leads to increased absenteeism, alcohol, and food consumption [5,51,55]. Finally, in extreme cases, exposure to hazing might lead to self-harm and suicide [35,56].

New nurses and nursing students also describe how their exposure to hazing influenced their ability to provide patient care. They describe how it increases the risk of error and reduces overall quality of care, as

they are afraid of checking orders if unsure, mistakes are not reported, and due to the investment of emotional energy in dealing with the physical and non-physical consequences, they fail to listen properly to patients [6,55,52].

The analysis also identified the sub-theme of 'changed relational expectations.' New nurses and students describe how exposure to hazing changed their perception of nursing culture and made them consider their choice of profession, leaving their specialty, the organization, or their nursing studies [6,51,52,54,55]. Moreover, exposure to hazing also made hazing avoid potential hazing events and workgroup members due to fear [6,55]. Kristensen and Kristensen [64] found that triggering fear makes students feel alienated in their relationship with experienced nurses and makes them adopt a relationless mode of relating to the workgroup's members. Additionally, in another study, Kristensen and Kristensen [65] demonstrated how newcomers' normative expectations influenced their perceived quality of relations between themselves and experienced nurses, as experienced nurses' violations of these expectations made students feel invisibilized, disrespected, or humiliated, influencing their sense of self. Thus, exposure to hazing adversely influences newcomers' perception of the quality of their relationship with workgroup members, profession, organization, and study. Similarly, Mann et al. [61] found that triggering feelings of severe humiliation adversely affects the relationship between hazing and hazers. Moreover, in a recent study, Cimino and Thomas [77] demonstrated that newcomers' exposure to hazing does not increase group solidarity.

From the perspective of members of the workgroup, newcomers' exposure to hazing may impact the relationship positively, as it provides newcomers with opportunities for demonstrating their trustworthiness to incumbents [28,71,72]. Adopting the perspective of the workgroup also directs attention toward some dark side effects of hazing, as it might make them more susceptible to induction because it reduces newcomers' ability to critical reflection, information processing, and judgment and increases their dependency on hazers [13,27,78]. On this point, Kristensen and Kristensen [64] argue that hazing might produce echoic low-quality relationships alienating newcomers from incumbents.

Discussion

A common characteristic of workplace hazing is that it takes place in front of other organizational members who either passively or actively participate in the activity and the continuation of a culture of acceptance. Students and new nurses describe examples of person- and work-based workplace hazing and segregation. Person-based hazing encompasses exposure to verbal abuse and non-verbal abuse. Work-based hazing encompasses experiences influencing new nurses' and students' work performance. Finally, new nurses and students describe their exposure to exclusionary workplace hazing behavior. Students and new nurses' exposure to workplace hazing influences their physical, emotional, and psychological well-being and their expectations of experiencing relational quality in their relationships with the experienced nurses, profession, specialty, and nursing study. Furthermore, the analysis demonstrates that workplace hazing in nursing is predominantly influenced by the conscious motives of dominance and commitment and the non-conscious motive of overconformity. Additionally, the collective self-understanding of nurses as an oppressed group permeating nursing culture also plays a significant role in the prevalence of workplace hazing in nursing.

Workplace hazing in nursing manifests not as easily recognizable induction rituals but as excessive and non-relevant negative behaviors targeting new nurses, nursing students, and newly hired nurses during their transition from outsiders to accepted workgroup members. Workplace hazing represents one dimension of a harsh work culture characterized by a high prevalence of horizontal violence [5,32]. However, despite its entanglement with similar phenomena, workplace hazing is a distinct phenomenon to be separated from studies of horizontal violence in nursing due to its temporary nature, inclusionary aim,

Table 4
Summarises the results of the coding process.

Antecedents	Experiences	Outcomes
<p>Conscious motivation</p> <ul style="list-style-type: none"> • Solidarity • Dominance • Commitment <p>Non-conscious motivation</p> <ul style="list-style-type: none"> • Over-conformity 	<p>In front of others</p> <p>Person-based</p> <ul style="list-style-type: none"> • Verbal • Non-verbal <p>Segregation</p> <p>Work-based</p>	<p>Individual</p> <ul style="list-style-type: none"> • Physical • Emotional and psychological <p>Relational</p> <ul style="list-style-type: none"> • Changed relational expectations

and focus on newcomers [4,8,12]. Moreover, it is crucial to recognize that workplace hazing behavior is not only context-dependent but manifest as these not easily recognizable behaviors resembling horseplay, roughhousing, or horizontal violence [20,41].

Separating and disentangling workplace hazing from related constructs allows for a better understanding of the paradoxical nature of hazing motivation, as hazers do not see themselves as maliciously motivated [6,68]. Similarly, Kowalski et al. [79] found that hazers disregard or malformed the consequences of workplace hazing to protect their self-image. This characteristic may also follow from reproduction, as hazers have often been hazed themselves; their cognitive restructuring of the event may allow them to disengage with their actions morally [79]. Hazees may ascribe positive consequences to their exposure to workplace hazing to cope with their triggered experience of cognitive dissonance by, for example, cognitively restructuring how they experienced the event.

In nursing, oppressed group theory is often applied to explain the historical and cultural roots of workplace hazing, sometimes coupled with the profession’s hierarchical nature and structural disempowerment [6,31,60,69]. Thus, in nursing, hazing behavior is related to incumbent workgroup members’ feelings of disempowerment, inferiority, and low self-esteem. While these characteristics may be underlying mechanisms and add to the severity of hazing, the culturally ingrained self-image of an oppressed group and overconformity may also make hazers less likely to question the moral status of their behavior, thereby normalizing hazing as a rite of passage [30,32,52,80]. Likewise, newcomers expect to be exposed to workplace hazing [8,56,68,72]. However, the anticipatory element does not seem to reduce the adverse impact of workplace hazing on hazees’ physical, emotional, and psychological well-being.

The effect of the anticipatory element may result from changes in hazees’ relational quality expectations. Newcomers may no longer expect high-quality relationships with the workgroup, organization, or profession. Newcomers feel alienated in the relationships and adopt an alienated mode of relating [40,54,64]. Also, hazing produces low-quality echo relations based on newcomers’ one-sided adaption to the workgroup’s culture [64]. In addition, results from empirical studies also contradict the assumption that hazing increases group solidarity [61,81]. While workplace hazing may not have a bonding effect, it may be useful for testing newcomers and their trustworthiness and protecting the workgroup [13,26,28,71,72]. However, the particular history of the nursing profession may add to the severity of hazing in nursing and, thereby, scare away new nurses, students, and newly hired nurses and increase the existing shortage of nurses.

Recommendations for practice

From a management perspective, a thorough understanding of workplace hazing, its motivation, and inherited paradoxes is a prerequisite for addressing the phenomenon at both group and organizational levels. Workplace hazing affects newcomers’ immediate experience and future expectations of relational quality concerning their studies, job, profession, organization, patients, and workgroup. This experience of relational quality also affects the quality of organizations’ formal onboarding and mentoring programs, which were supposed to improve the transition experience, create belonging, and commitment, and ultimately increase retention in the job and profession [2,4]. However, research also shows that, compared to formal programs, informal socialization in the workgroup significantly influences newcomers’ experience of relational quality [4,9,23–25]. Moreover, existing tools cannot address workplace hazing due to its transitory nature, ambiguous moral status, and entanglement with social group life [3,11,73,79]. Inspired by Allan et al.’s [22] hazing prevention framework initially developed for combating hazing in colleges and universities, fostering a culture encouraging hazing prevention requires: ‘commitment,’ ‘capacity,’ ‘assessment,’ ‘planning,’ ‘evaluation,’ ‘cultural competence,’ ‘sustainability,’ and ‘implementation’ [22]. ‘Commitment’ requires management, staff, and clinical educators to demonstrate their dedication by holding all employees accountable for creating inclusive environments supporting learning and development [19,52,56]. ‘Capacity’ implies the need for human (e.g., willingness, motivation, skills, and competencies obtained through training) and structural resources (e.g., time allocation and appointment of a task force) [19,51]. ‘Assessment’ focus on assessing the hazing culture quantitatively through surveys and qualitatively through dialog meetings to shed light on how newcomers are received. ‘Planning’ involves conducting workshops where employees work with the assessment data and develop intervention strategies [19,55]. ‘Evaluation’ implies evaluating the effectiveness of implemented strategies. ‘Cultural competence’ entails understanding the rooting of hazing in nursing culture, sub-cultures in different specialties, and power structures. ‘Sustainability’ implies securing continuous commitment and change by conducting regular meetings and celebrating milestones. Finally, ‘implementation’ focuses on informing students about WH, training them in how to handle WH, and conducting workshops where experienced employees may share their experiences, work with cases, and get trained in handling the hazing of colleagues [19,22,56].

Limitations

This integrative literature review has sought to combine research

papers from different fields and traditions. On the one hand, this aim to combine literature from diverse fields and traditions is a limitation as it makes interpreting the review's results difficult. On the other hand, including various research papers offer rich and multifaceted information about newcomers' transition experiences. Moreover, despite a careful selection and analytical process, as many of the included papers do not directly study hazing but related phenomena, disentangling and isolating the antecedents, experiences, and consequences of workplace hazing is problematic and may influence the findings. Finally, despite demonstrating rigor in the methods applied to appraise the quality of research papers, it is recognized that there may be limitations due to including papers from diverse research fields, which adhere to different research traditions and quality standards.

Conclusion

This integrative literature review combines organizational theory and nursing literature to illuminate what characterizes nursing students' and new nurses' workplace experiences. Results show that both groups are typically exposed to segregation, person- and work-based workplace hazing by experienced colleagues during the transition period. This exposure to workplace hazing adversely affects their physical, emotional, and psychological well-being and relational quality expectations. Furthermore, workplace hazing's motives are generally perceived as prosocially directed towards including newcomers. Applying the workplace hazing perspective to nursing literature contributes to a nuanced understanding of the underlying motivation. In addition, it directs attention to the relationship between motivation and outcomes, particularly since workplace hazing might adversely affect group cohesion and the group's ability to retain newcomers. [Table 4](#)

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.hsr.2023.100120](https://doi.org/10.1016/j.hsr.2023.100120).

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